

MAILING ADDRESS CHANGE REQUEST FORM

Information indicating a change in mailing address or ownership has been received for this property. Please complete the following, sign and return it to the Assessing Department. If we do not receive this completed change request form, the address will remain unchanged.

	PARCEL NUMB	ER: 01		-	-
PROPERT	TY ADDRESS:				, Center Line, MI 48015
INTEREST	Γ IN PROPERTY:	Owner	Buyer	Seller	
CHANGES	S REQUESTED				
NAME:	Change to:				
Rea	ason for Change:				
					e a new owner or you may license, court order, etc.)*
MAILING	Change to:				
ADDRESS	S:				
Is this Prop	perty a Rental unit?				
If yes, you	u may be required to	file a Reques	t to Rescind	Principle Re	sidence Exemption
SIGNATURE:					
PRINT NA	ME:				
PHONE N	UMBER:				
Note:	Request for chan	•		•	ha talanhana

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